



State of New Hampshire 2014 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 07/08/2014
Business ID: 587306
William M. Gardner
Secretary of State

SHIRES EQUESTRIAN, INC.

1 Lafayette Road Bldg 4
Hampton, NH 03842

ENTITY TYPE: CORPORATION
BUSINESS ID: 587306
STATE OF DOMICILE: NEW HAMPSHIRE

sale & distribution of equestrian products

ADDRESS OF PRINCIPAL OFFICE:

1 Lafayette Road Bldg 4
Hampton, NH 03842

REGISTERED AGENT AND OFFICE:

Sugden, Vanessa
1 Lafayette Road Bldg 4
Hampton, NH 03842

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- ☐ The new mailing address
☐ The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE OFFICER BELOW)

NAME Vanessa Sugden, Pres. & Secretary
STREET 103 Kensington Road
CITY/STATE/ZIP Hampton Falls, NH 03844
NAME Festus Kane, Treasurer
STREET 15 Southern Avenue
CITY/STATE/ZIP Leominster, Herefordshire
NAME HR6 0QF, UK
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME Vanessa Sugden
STREET 103 Kensington Road
CITY/STATE/ZIP Hampton Falls, NH 03844
NAME Malcolm J. Ainge
STREET 15 Southern Avenue
CITY/STATE/ZIP Leominster, Herefordshire
NAME HR6 0QF, UK
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Please print name and title of signer:

VANESSA SUGDEN, President
NAME Vanessa Sugden TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):

WHEN THIS FORM
PUBLIC DOCUMENT
REQUIRED INFORMATION



T1419055031

IF BECOME A
DISCLOSURE
ILL BE REJECTED

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